

Supplemental Educational Services Parent Survey

Please complete this survey about the tutoring services your child received this year.

School Name:

District Name:

Provider Name:

1. I was given enough time to choose supplemental services for my child.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
2. I received help from my child's school in choosing a provider.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
3. The provider and the school met with me to set learning goals for my child.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
4. The reports on what my child was learning were on time and easy to understand.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
5. My child's schoolwork has improved since participating in Supplemental Educational Services.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
6. I am happy with the Supplemental Educational Services provided for my child.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
7. I would choose this provider again for my child.
Strongly Agree Agree No Opinion Disagree Strongly Disagree
8. Please add any other comments you would like to make about the tutoring services your child received.